

Certificate of Mailing: Date of Deposit April 15, 2004

I hereby certify under 37 C.F.R. § 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on the date indicated above and is addressed to Mail Stop Assignment Recordation Services, Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.

Colleen Coyne
Printed Name

Colleen Coyne
Signature of Person Mailing Correspondence

RECORDATION FORM COVER SHEET PATENTS ONLY

Please record the attached document.

<p>1. Names of all conveying parties:</p> <p>Bernard E. Cabana Arthur F. Michaelis Gary P. Magnant</p> <p>Additional names attached: NO</p>	<p>2. Names and addresses of all receiving parties:</p> <p>ActivBiotics, Inc. 128 Spring Street Lexington, MA 02421</p> <p>Additional names/addresses attached: NO</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____</p> <p>Execution Date: 04/06/04</p>	
<p>4. Application numbers or patent numbers:</p> <p>A. Patent Application Numbers: 10/668,792</p>	<p>B. Patent Numbers:</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Karen L. Elbing, Ph.D., REG. NO. 35,238 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Customer No.: 21559</p>	<p>6. Total number of applications/patents involved: 1</p> <p>7. Total fee (37 C.F.R. § 3.41): \$40.00 <input checked="" type="checkbox"/> Fee enclosed <input type="checkbox"/> Authorized to charge deposit account</p> <p>8. Deposit account number: 03-2095. If the fee above is being charged to deposit account, a duplicate copy of this cover sheet is attached. Please apply any additional charges, or any credits, to Deposit Account No. 03-2095.</p>

DO NOT USE THIS SPACE

9. Statement and signature: *To the best of my knowledge and belief, the foregoing information is true and correct and the attached is the original document or a true copy thereof.*

Karen L. Elbing, Ph.D.
Name of person signing

K. L. Elbing
Signature

15 April 2004
Date

ASSIGNMENT

For valuable consideration, we,

Full Name of Assignor	City	State (and Country If not USA)
Bernard E. Cabana	Montgomery Village	Maryland
Arthur F. Michaelis	Devon	Pennsylvania
Gary P. Magnant	Topsfield	Massachusetts
Chalom B. Sayada	Luxembourg City	Luxembourg

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
ActivBiotics, Inc.	Delaware	128 Spring Street Lexington, MA 02421

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by us, identified as:

Title of Application	Filing Date	Serial Number
RIFALAZIL COMPOSITIONS AND THERAPEUTIC REGIMENS	September 23, 2003	10/668,792

and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all applications claiming benefit of, or priority to, said application, including utility, continuation, continuation-in-part, and divisional applications, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.

IN WITNESS WHEREOF, I hereto set my hand and seal at this 6th day of April, 2004

Lexington, MA

Bernard E. Cabana
BERNARD E. CABANA

L.S.

STATE OF Massachusetts

COUNTY OF Middlesex

:SS.

Before me this 6th day of April, 2004, personally appeared BERNARD E. CABANA known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

William M. Doyle-Bryce
Notary Public

My Commission Expires:

August 7, 2009

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at this 6th day of April, 2004

Lexington, MA

Arthur F. Michaelis
ARTHUR F. MICHAELIS

L.S.

STATE OF Massachusetts

COUNTY OF Middlesex

:SS.

Before me this 6th day of April, 2004, personally appeared ARTHUR F. MICHAELIS known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

William M. Doyle-Bryce
Notary Public

My Commission Expires:

August 7, 2009

[Notary's Seal Here]

IN WITNESS WHEREOF, I hereto set my hand and seal at Lexington, MA
this 6th day of April, 2007

GARY P. MAGNANT L.S.

STATE OF Massachusetts

COUNTY OF Middlesex :ss.

Before me this 6th day of April, 2007, personally appeared GARY P. MAGNANT known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.



William M. Doyle Baya
Notary Public

My Commission Expires: August 7 2009

IN WITNESS WHEREOF, I hereto set my hand and seal at _____
this ____ day of _____, 20__.

CHALOM B. SAYADA L.S.

STATE OF _____

COUNTY OF _____ :ss.

Before me this ____ day of _____, 20__, personally appeared CHALOM B. SAYADA known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Notary Public

My Commission Expires:

[Notary's Seal Here]

Certificate of Mailing: Date of Deposit

5/13/04

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Colleen Coyne
Printed Name

Colleen Coyne
Signature of Person Mailing Correspondence

RECORDATION FORM COVER SHEET PATENTS ONLY

Please record the attached document.

<p>1. Names of all conveying parties:</p> <p>Chalom B. Sayada</p> <p>Additional names attached: NO</p>	<p>2. Names and addresses of all receiving parties:</p> <p>ActivBiotics, Inc. 128 Spring Street Lexington, MA 02421</p> <p>Additional names/addresses attached: NO</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____</p> <p>Execution Date: 05/10/04</p>	
<p>4. Application numbers or patent numbers:</p> <p>A. Patent Application Numbers: 10/668,792</p>	<p>B. Patent Numbers:</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Karen L. Elbing, Ph.D., REG. NO. 35,238 Clark & Elbing LLP 101 Federal Street Boston, MA 02110 Customer No.: 21559</p>	<p>6. Total number of applications/patents involved: 1</p> <p>7. Total fee (37 C.F.R. § 3.41): \$40.00 <input checked="" type="checkbox"/> Fee enclosed <input type="checkbox"/> Authorized to charge deposit account</p> <p>8. Deposit account number: 03-2095. If the fee above is being charged to deposit account, a duplicate copy of this cover sheet is attached. Please apply any additional charges, or any credits, to Deposit Account No. 03-2095.</p>

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Karen L. Elbing, Ph.D.
Name of person signing

Karen L. Elbing
Signature

13 May 2004
Date

ASSIGNMENT

For valuable consideration, we,

Full Name of Assignor	City	State (and Country if not USA)
Bernard E. Cabana	Montgomery Village	Maryland
Arthur F. Michaelis	Devon	Pennsylvania
Gary P. Magnant	Topsfield	Massachusetts
Chalom B. Sayada	Luxembourg City	Luxembourg

hereby assign to

Full Name of Assignee	State of Incorporation	Business Address
ActivBiotics, Inc.	Delaware	128 Spring Street Lexington, MA 02421

and to its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title, and interest throughout the world in the inventions and improvements which are subject of one or more applications for United States Patent signed by us, identified as:

Title of Application	Filing Date	Serial Number
RIFALAZIL COMPOSITIONS AND THERAPEUTIC REGIMENS	September 23, 2003	10/668,792

and we authorize and request the attorneys appointed in said application to hereafter complete this assignment by inserting above the filing date and serial number of said application when known; this assignment includes said application, any and all applications claiming benefit of, or priority to, said application, including utility, continuation, continuation-in-part, and divisional applications, any and all United States and foreign patents, utility models, and design registrations granted for any of said inventions or improvements, and the right to claim priority based on the filing date of said application under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents, utility models, design registrations, and like rights of exclusion, and for inventors' certificates for said inventions and improvements; and I agree for me and my respective heirs, legal representatives and assigns, without further compensation, to perform such lawful acts and to sign such further applications, assignments, Preliminary Statements, and other lawful documents as the Assignee may reasonably request to effectuate fully this assignment.



_____ L.S.

STATE OF _____:

:SS.

COUNTY OF _____:

Notary Public

My Commission Expires:

IN WITNESS WHEREOF, I hereto set my hand and seal at _____
this _____ day of _____, 20____.

L.S.

STATE OF _____:

SS.

COUNTY OF _____:

Notary Public

My Commission Expires:

Page 2 of 3

CB

GARY P. MAGNANT L.S.

Before me this ____ day of _____, 20__, personally appeared GARY P. MAGNANT known to me to be the person whose name is subscribed to the foregoing Assignment, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

[Notary's Seal Here]

CHALOM B. SAYADA L.S.